

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

70
63-024844

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 162

Primary Registration District No. 5594

Registrar's No.

FILED JUL 1 1963

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RUHL - MERAEC</u> <u>Jefferson</u>		c. CITY OR TOWN <u>Richmond Heights</u>	
Length of stay in lb <u>25 Months</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hill Inf.</u>		d. STREET ADDRESS (If outside, give location) <u>8730 Nashville Ave.</u>	
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>W.</u> Last <u>BEAVERS</u>		4. DATE OF DEATH Month <u>June</u> Day <u>22</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-17-78</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>American Automobile Insurance Co.</u>		11. BIRTHPLACE (City and state or country) <u>Waldren, Ark.</u>	
13a. FATHER'S NAME <u>Milus M. Beavers</u>		13b. MOTHER'S MAIDEN NAME <u>Etta Ayers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		17. INFORMANT Address <u>Ethel Beavers, 8730 Nashville Ave.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cardiac decompensation</u> DUE TO (b) <u>arterioscl. C.V. disease</u> DUE TO (c) <u>gen. arterioscl & cerebral & C.V. involvement</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 DAYS</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9:20</u> a.m. <u>p.m.</u> Month, Day, Year <u>5/20/61</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>	
21. I attended the deceased from <u>5/20/61</u> to <u>6/20/63</u> and last saw him alive on <u>6/20/63</u> . Death occurred at <u>9:20 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <u>3654 South Grand St Louis 18</u>	
22a. SIGNATURE <u>P. B. Hagan</u> (Degree or title)	22c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Mausoleum</u>		22d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6-25-63</u>	23c. DATE RECD. BY LOCAL REG. <u>6-25-63</u>	
24. FUNERAL DIRECTOR <u>Kriegshauser's 4228 So. Kingshighway</u>		25. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

140150-008

JUL 1 1963

Dr. Patrick C. Hogan
3654 South Grand
PR 1-3525

Received 6/23/68
Filed 6/24/68

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Hubert A. Shannon

Licensed Embalmer No.

4533

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.